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Family Policy Council Strategic Plan 2009 - 2011

PURPOSE

The Family Policy Council is a family-community-state partnership that involves communities in reducing the following problem behaviors: child abuse and neglect, domestic violence, youth substance abuse, teen pregnancy and male parentage, youth violence, youth suicide, dropping out of school, and child out-of-home placements. The Family Policy Council works to effect systemic improvements in policy, programs, and informal efforts that involve the citizenry in building their community's capacityⁱ to reduce the rates of the problem behaviors.

STATUTORY AUTHORITY – RCW 70.190

RCW 70.190.005: "The purposes of this chapter are (1) to modify public policy and programs to empower communities to support and respond to the needs of individual families and children and (2) to improve the responsiveness of services for children and families at risk by facilitating greater coordination and flexibility in the use of funds by state and local service agencies."

STRUCTURE

Collaborative councils at the local and state levels compose the structure of the Family Policy Council partnership. Statute specifies the ten members of the state level Family Policy Council who have oversight responsibility for local boards:

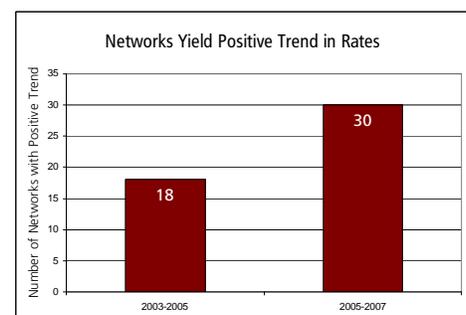
- Representatives of the Governor and Superintendent of Public Instruction,
- Four legislators,
- The executives of four state agencies – Social and Health Services, Health, Employment Security, and Community, Trade and Economic Development.

There are currently 39 state funded Community Public Health and Safety Networks. Community Networks are special-purpose entities formed by the state whose 23 board members represent a mix of citizens with no fiduciary interest in any social, public health, justice, or education system and professionals from those systems plus local government and the faith community. Each Community Network has a public fiscal agent (county, city, educational service district, etc.) that assures responsible use of public funds. Local Community Networks create planned variation to the public and private service system – each community decides and measures what will work – to improve the lives of families and children.

2009-2011 Strategic Plan Goals, Objectives and Strategy

GOALS

- Decrease the ratesⁱⁱ of locally prioritized problem behaviors.ⁱⁱⁱ
- Decrease public costs associated with problem behaviors.



OBJECTIVES

1. Focus on results through the application of research and evidence from successful practice.
2. Help community leaders be more strategic, collaborative, and efficient in their efforts to reduce rates.
3. Increase community capacity to improve short and long term outcomes associated with reducing rates.
4. Improve evaluation methods that inform policy, programs, and informal efforts.
5. Improve coordination among Family Policy Council agencies and local partners.

STRATEGIES WITH ASSOCIATED ACTIVITIES

1. Work with local affiliates – Community Public Health and Safety Networks – to improve the effectiveness of community based systems.

Activities:

- a. Review of Community Efforts (RCW 70.190.110 Program Review) provides a process each biennium to ensure combined efforts (local, state, and federal) extend the effectiveness of services that may benefit further from increased flexibility (decategorization),
- b. Focus primary and secondary prevention efforts to build child and parent resilience,
- c. Shift to proven practice whenever there is a fit with population conditions and needs,
- d. Extend public resources by raising non-state dollars and in-kind donations,
- e. Mobilize grassroots efforts to improve neighborhoods conditions and public will – provide leadership training and support, raise funds to support neighborhoods problem solving, etc.,
- f. Support implementation of customized plans for improving child and family outcomes^{iv} and reducing rates of problem behaviors.

2. Work with agency members to improve the state’s cross-system policy and practice.

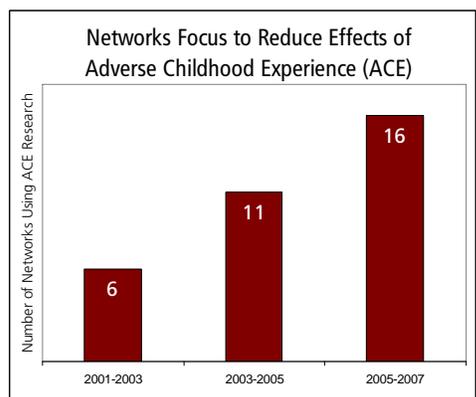
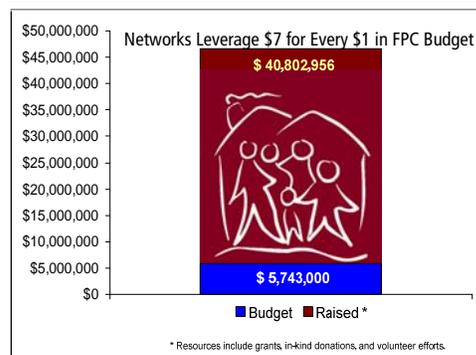
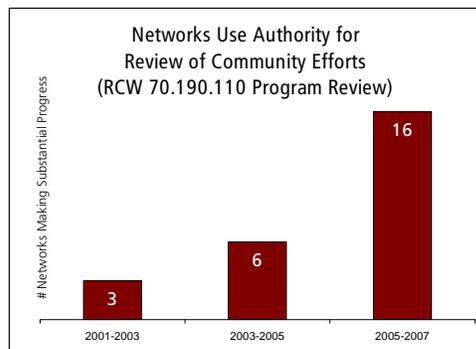
Activities:

- a. Provide policy analysis to cabinet-level officials and legislators to expedite needed policy change,
- b. Create a feedback loop through Community Networks between state agencies and local communities,
- c. Provide education about developing trauma sensitive systems in order to decrease the compounding effect of adverse childhood experience (ACE)^v.

3. Facilitate the transfer of knowledge across multiple domains (local, state, private, academic, federal, etc.).

Activities:

- a. Provide assistance and training to improve practice fidelity and adult awareness of the effects of ACEs and associated harms that both epidemiology^{vi} and neurobiology^{vii} research have shown to cause mental, behavioral and physical illness,
- b. Provide quality technical assistance and educational events,
- c. Develop practice improvements based on multiple bodies of current research,
- d. Convene periodic community dialogues to increase resources for helping children by harnessing the many unique approaches to child and family thriving across the state.

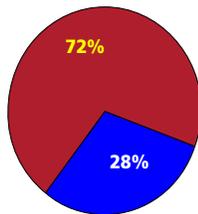


Comparison of Severity Trends: Children & Families in Counties with Networks Fare Better Than Those without Networks



29 Counties with Active Networks

Decreased / Maintained *
Severity of Child/Family
Problems**
1998-2005/6

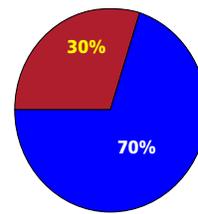


Increased Severity of
Child/Family Problems

* 45% Decreased - 27% Maintained

**10 Counties with No State Funded Networks Since 2001
(Comparison Group)**

Decreased / Maintained *
Severity of Child/Family
Problems**
1998-2005/6



Increased Severity of
Child/Family Problems

* 30% Decreased - 0% Maintained

Note: Comparison group of counties had the same average severity score as the group of counties with active Networks (4.1 vs. 4.0 respectively in 1998) and similar distributions in 1998.

**Severity Score was computed as follows. Fifteen community indicators of concern to the Family Policy Council were selected for (1998 through 2005/2006). For each county, the value of a given indicator was scored if it was in the worst quartile of rates in the state. High severity means that the county has a pile-up of severe problems (e.g. child out-of-home placements plus youth drug addiction, plus dropping out of school with rates in the worst quartile would count as a severity pile-up of 3). The trend was computed by comparing the number of severe problems in 1998 with the number of severe problems in 2005-2006. Three year rolling averages were used to increase stability of rates.

ⁱ Capacity is a mix of resources and conditions necessary for communities and community coalitions to accomplish and sustain change. Resources and conditions can include but are not limited to: political support, program fit with community context, quality of programs, quality of strategies, shared values, knowledge, skills, money, time, technical assistance, and formal and informal family support. Additional research suggests the following characteristics: leadership, participation and opportunities for participation, resources, connections among people and organizations, connections with outside communities and institutions, sense of community, norms and values, commitment, community power, and community knowledge and skills. Current research acknowledges these various determinants for capacity building are experienced in varying degrees of development over a continuum of time.

ⁱⁱ * Positive Trend in Rate(s) means demonstration of a measurable positive difference in the rate of one or more problem behaviors that:

- Can be verified,
- Corresponds with strategy employed by the community to improve the problem behavior(s),
- The Family Policy Council Community Network was a catalyst for, architect of, or otherwise had a significant role in influencing.

ⁱⁱⁱ As a means for learning about the benefit of the overall Family Policy Council partnership to the people of Washington, the Council developed a model for analysis of community variation in the severity of youth and family problems. This model uses of fifteen indicators of child/family problems – ranging from birth weight to youth suicide and injury hospitalizations of women – that help us to see the population health status of children, youth and adult in each county of Washington. The model assigns a severity score for each county based on the number of different problem indicators that a community experiences at a rate that is in the worst quartile of rates throughout the state. For example, a county with a rate of infant mortality in the worst quartile of the state and also youth arrests for violent crime in the worst quartile of the state would have a severity score of two. The Family Policy Council compared severity scores for counties in 1998 and in 2005/6 in order to learn about severity trends over time. The Family Policy Council used a comparison group of counties – counties without a state-funded Community Network – in order to learn how children and families fare in counties with an active state-funded Community Network, as compared with how children and families fared in counties without an active state-funded Community Network. The data shows that children & families in counties with Family Policy

Council Community Networks fare significantly better than those without Networks. Specific results from this analysis are included on page 3 of this strategic plan.

^{iv} Improving child and family outcomes includes: protecting vulnerable infants, children and youth; improving family functioning and youth behavior; optimizing youth development and behavioral health; improving academic achievement and school completion.

^v Categories of adverse childhood experience included in the research cited below are: child physical, sexual, or emotional abuse; living with a mentally ill, depressed or suicidal person in the home; having a drug addicted or alcoholic family member; witnessing domestic violence against the mother; loss of a parent to death or abandonment, including abandonment by divorce; incarceration of any family member.

On an individual level, the greater the number of adverse childhood experience categories, the greater the likelihood of problem behaviors, disease, morbidity, and early death. In addition to harm caused directly by ACEs, many children adapt to child maltreatment and other ACEs in ways that result in social exclusion; peer or adult criticism or rejection, school failure, etc. This can escalate into a social call and response pattern, subjecting children to more severe punishment that increases negative impacts to child development. A call and response pattern can be described as the way in which individuals with greater adverse experiences express their problems through risky behaviors that cause people around them to repeatedly treat them differently. The troubled action elicits a negative response and as the cycle continues, the problems are exacerbated. The Family Policy Council works to reduce the average number of ACEs in the child population, and to improve the call-response pattern for children who experience multiple categories of ACE.

^{vi} The Adverse Childhood Experience Study (ongoing collaborative research of the Centers for Disease Control and Prevention, and Kaiser Permanente); Dr Robert Anda and Dr. Vincent Felitti, co-principal investigators. This study examines the health and social effects of Adverse Childhood Experiences throughout the lifespan among 17,421 members of the Kaiser Health Plan in San Diego County.

^{vii} The Enduring Effects of Abuse and Related Adverse Experiences in Childhood; a Convergence of Evidence from Neurobiology and Epidemiology; 2005; Robert Anda, Vincent Felitti, J. Douglas Bremner, John Walker, Charles Whitfield, Bruce Perry, Shanta Dube, Wayne Giles. Plus the ongoing research of Dr. Martin Teicher, Associate Professor of Psychiatry at Harvard Medical School and Director of the Developmental Biopsychiatry Research Program at McLean Hospital.